THE CHIRONIAN

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THE CHIRONIAN

"In Essentials, Unity; In Non-Essentials, Liberty; In All Things, Charity."

VOLUME XXXIII FEBRUARY 1917 NUMBER 8

Address of the Retiring President.*

BY

RUDOLPH F. RABE, CLASS OF 1896.

OUR By-Laws require that the retiring president of this society deliver an address upon this occasion. It is with mingled feelings of pleasure and of doubt that I rise to comply with this requirement. The year just closed can scarcely be regarded as a successful one, yet, on the whole, I suppose, has been a fair sample of the usual course of this society, to which we have become more or less accustomed. To me, as well as to those who have heretofore guided the affairs of this body, it has been painfully evident that an apathetic indifference to its welfare is becoming increasingly characteristic. It is perhaps not necessary for me to call your attention to specific examples of such indifference, other than to tell you that the monthly meetings of the executive committee, upon which committee rests the responsibility of the administration of the affairs of this society, have been rarely marked by the presence of a quorum, and that, furthermore, essays upon the subjects of materia medica or homeopathy have been practically impossible to procure.

*Read before the Homeopathic Medical Society of the County of New York, January 11, 1917.

In making these statements your retiring president is not actuated by the spirit of harsh criticism or of blame, neither is he wallowing mournfully in the slough of pessimism and despair. It is rather, in an honest endeavor, to place the facts squarely before you, and, if possible, to ferret out the reasons for this state of affairs, as well as to find a remedy that these words are uttered.

Of all the standing committees of this society that of "materia medica and therapeutics" and of "drug proving and clinical research" are by far the most difficult to provide for. There is apparently a total lack of inclination on the part of our members to contribute anything toward the work of either of these committees. This disinclination would seem to indicate, either an absence of interest in homeopathy itself, or the feeling on the part of possible contributors to these committees that their efforts are likely to meet with but feeble response.

It is true that the "object of this society shall be," as stated in Article I., of the Constitution, "the advancement of Medical Science." Hence, by no stretch of the imagination can this constitutional mandate be interpreted to mean that such advancement is to be confined to that part of science which concerns itself with the law of similars and its corollaries only. Therefore, those who maintain that subjects other than those pertaining to homeopathy should and ought to occupy a large part of our programs are right in their contentions.

On the other hand, it must not be forgotten that the thing which separates and distinguishes this body from its fellow of the dominant school is its homeopathic character, and that, furthermore, if this be cast aside, no reason for the continued existence of this society will then remain. It is lamentably true that whatever research worthy of the name has been done up to the present time has been accomplished by our friends of the old school. It will not serve as an excuse of our inactivity to say that we, as a school, have been numerically inferior and that endowments have been lacking. Endowments come to those who show by their diligence and sincerity that they deserve them. A moment's thought will demonstrate that so far as the homeopathic profession of this great city is concerned, its chief activities have been manifested in the direction of petty personal and partisan

strife, until we find ourselves to-day split up into numerous antagonistic factions, working at cross purposes for the most part. That any principle is to survive amid such unhealthful surroundings is not for one moment to be expected.

What then can be done to advance, not only the interests of medical science, but also the interests of the science of homeopathy, for which we, as homeopathic physicians, presumably stand? As individuals, most of us believe in homœopathy, employ it more or less in our treatment of the sick and resort to it when we ourselves or our families are ill. It is true that we have various and, perhaps, extremely varied conceptions of homeopathy, yet, although we may differ in our opinions of the extent of its application, we would be very reluctant to abandon it altogether. Neither do we wish to discourage the efforts of those of our members who may be working along special lines of medical research. On the contrary, such workers should be encouraged and supported in every possible way, so that their names may be placed alongside of those of the dominant school who are recognized by the public at large as men and women eager to add to the sum total of the world's knowledge and attainment.

We, as a body or school, cannot afford to be narrow or petty; to be sufficient unto ourselves is to invite inevitable decay and subsequent death, and if we would progress we must be charitable toward the beliefs of others, broad in our views, tolerant in our opinions, open to conviction, eager for light and truth, no matter from which source they may come. Our own fundamental principles of homeopathy must be sacred to us; we must endeavor to perfect our knowledge of drugs, to scientifically verify their actions, to check up their accomplishments at the bedside. Above all, we must not apologize for homeopathy, but we should be firm in the conviction that homeopathy rightly understood and applied is the very best therapeutic principle in existence to-day, and one which has stood the test of time and which is compelling the acknowledgment of the most advanced and brilliant minds in the old school.

It certainly behooves us, then, here in New York, to put ourselves in accord with the spirit of the age, and that spirit, fellow members, is the spirit of constructive co-operation. Let us cease our petty jealousies and silly rivalries and work together for the

common good of all of us. I am aware that this plea may be straining human nature severely, yet it seems to me that the desired goal is not impossible of attainment. In a sense this County Society stands sponsor for all of our homeopathic institutions, and hence should have a directing voice in their affairs. It ought to be a clearing house for their several and various interests. That it is not and has never been such is but too painfully evident.

The members of our local profession should feel free to work in any of our public hospital wards under homeopathic régime, if they so desire, provided, of course, that they are in good standing in the profession and that they are otherwise fully qualified to do the work to which they may aspire. This Society, through its board of censors, should be fully capable of passing upon such qualifications. As matters now stand, no one can penetrate the walls of the hallowed precincts of our several institutions, including our colleges, unless by virture of some personal, social or fraternal association the creaking doors are opened to him. That this is absolutely wrong, undemocratic, un-American, small-minded and petty, I need scarcely tell you; that merit and ability, knowledge attainment, should alone determine individual fitness, I am sure you will agree.

Last month, at our regular December meeting, with this in mind, your retiring president entertained a motion which was duly seconded and unanimously carried, that provided for the appointment of a committee, to consist of two members from each of the homeopathic hospitals and colleges in the County of New York, together with your retiring president and president-elect as ex-officio members. The object of this committee was stated to be and is to bring about a closer union of the several homeopathic institutions and colleges, to secure firm co-operation among them, to better the status of the homeopathic school in New York, to protect its interests and to advance its cause. Surely, ladies and gentlemen, this object is a worthy one; it concerns us all and vitally so, for signs are not wanting, and indeed are unpleasantly numerous, that the homeopathic school or organization is threatened from within and from without as never before, and that unless we who should and must have its interests at heart, the homeopathic school will indeed go down in the history of time as a caricature in medicine. Let us, then, individually and col-

lectively, endeavor to arouse the old-time homeopathic spirit, and under the stimulus of its influence carry forward the work which has been put in our hands to do. The field is an enormous one, and there is abundant room for every worker. What are we doing in animal experimentation with drugs used in the practice of homeopathy? Which drugs are we proving or verifying? What are we doing with nosodes or homeopathic vaccines? How many of our surgeons here in New York know anything about the wonderful power of Pyrogen in septicemia? How many of our phpsicians are using potentized preparations of the endocrinous glands? How many are getting results with adrenal in potency in conditions of high blood pressure due to arteriosclerotic changes? How many thoroughly understand the distinction between treating the patient and treating the disease; in short, how many of us are really well grounded in the fundamental theories of homeopathic philosophy, a knowledge of which marks the artist from the mere dispenser of pills, for medicine is not only a science, but, to be of greatest use, must also be and is an art.

Therefore, let us in this Society present these and similar subjects for frank open discussion, so that all of us may learn and profit thereby, so that good naturedly we may call attention to and correct each other's mistakes, and in this manner be of real service to each other and to mankind.

With these thoughts, altruistic though they may be, your retiring president is glad to lay down the duties of his office and to surrender its insignia to his chosen successor who brings to his task the freshness of spirit, the enthusiasm of an energetic mind and the zeal of a devoted servant to the cause of homeopathy. For the honor conferred upon your outgoing presiding officer, during the year that is now past, he thanks you humbly.

If, now, experience should show (and indeed it does show) that a given disease-symptom is only removed by the very medicine which has produced a similar symptom in a healthy body, then it would be probable that this remedy is able to uproot that disease-symptom by virtue of its tendency to call forth a similar one.—*Organon of the Rational Art of Healing.*

1. Post-Operative Adhesions. 2. Relationship Between Teeth and Other Bodily Ailments. 3. A New Bone Clamp for Operative Fractures.*

BY

E. Welles Kellogg, F. A. C. S., Class of 1903.

Professor of Surgery, New York Homeopathic Medical College and Flower Hospital.

1. Post-Operative Adhesions.

IT is not the most pleasant thought that comes to the surgeon when he undertakes a secondary operation for abdominal adhesions, or when he is asked by his patient, just previous to an operation: "Doctor, will you promise me that I shall not suffer from adhesions after this operation."

Nevertheless these conditions are much more numerous today than of former years, probably due to several reasons, such as (1) Greater number of operators and operations; (2) Methods of skin sterilization; (3) Carelessness in the technique of the preparation, manner of operating and post-operative care of the patient; (4) Delay of operations; (5) Unrecognized and unavoidable conditions found upon operation.

It is not my intention to dwell upon the treatment of these conditions except to say that there are many methods but as yet no "cure-all" has been found. Although many surgeons have claimed cures with some special line of treatment, they have failed in other hands, so it is my intention to speak about a line of treatment that will prevent, or else mimimize, the occurrence of this dreadful complication, which all too soon leads to the path of ileus or intestinal obstruction. It has been my experience to hear more about post-operative adhesions, the last three years, than ever before, and I feel that all of us are more or less ac-

*Read before the Homeopathic Medical Society of the County of New York, January 11, 1917.

quainted with the individual who has undergone an operation with this complication, and who tells of their terrible agony and suffering, so that people at large are now more cognizant of the fact and generally ask about it during the preliminary examination and arrangements for an operation.

I should like to mention certain factors that favor this condition and how we can avoid them. Whenever a person has an abdominal complaint there is more or less an inflammatory condition that appears, and, in many cases, never entirely subsides, consequently the physician and patient should be acquainted with this fact, so that if future attacks appear they will know that there will be good and sufficient reasons for these adhesions to form.

The sterilization of the skin has been a question in point, many claiming that whatever skin antiseptic was used, has been carried by the operator into the abdomen, and thus caused a local irritation, which sets up a beginning inflammatory condition. This is said to be the case in too free use of Iodine. The make, size and preparation of the catgut has been given as a leading factor. The free handling of the abdominal viscera by the operator and his assistant has been cited as a most important factor. The drainage of wounds, the suturing of wounds, and, last but not least, the post-operative care and treatment.

In correction of these let me suggest that the surgeon, when he sees the case, if, in his opinion, he thinks that future attacks would predispose to adhesions, he must be emphatic in his demand for an early operation, otherwise he will not be responsible for this complication.

He should study the different methods of skin sterilization and adopt that one which will be the most simple and least irritating, if carried into the abdomen. He should use catgut that is properly prepared, and should never use a larger size than is absolutely needed, and should never leave large knots or strands exposed to act as irritants.

He should never handle or examine the abdominal organs without a definite purpose in view, and when necessary, his gloved hand should be moistened and the abdomen distended with saline solution. The skin, fascia, muscle and peritoneal edges should be protected. The liver, stomach, intestine and

omentum, when handled, should be held or supported by moist gauze. All raw surface should be covered, if possible, and all oozing stopped before closing the wound. The omentum should be drawn down to act as a screen between the intestines and peritoneum. When adhesions are present or likely to form, and raw surfaces are too large to cover, they should be treated either by the introduction of sterilized substances or by the injection of medical by-products.

He should so suture the peritoneum that its edges are turned outward. He should know the value of his different drains and antiseptic irrigating solutions, to so drain the wound that as small an area as possible is exposed, keeping in mind the well known fact, "Water rarely runs up hill." He should advise the patient for weeks after the operation in regard to their rest, diet, care of bowels, exercise and work. And last, but not least, the assistant is there to assist and not to diagnose.

The message I would like to leave with you is, that the surgeon should be more careful in his work, with this view in mind, that it is all necessary for the future benefit of his patient, and that the medical practitioner, whenever he has occasion to refer a case to the surgeon, should remember that there are such things as post-operative adhesions, and to refer the case to a surgeon who works to minimize this dangerous complication.

2. Relationship Between Teeth and Other Bodily Ailments.

I wager there is not one of us that has not either seen or heard of one of the following:

A diagnosis of chronic appendicitis, gastric ulcer or duodenal ulcer, which, upon operation, was found normal and the real cause found to be the teeth.

A long, unsuccessful treatment of acne, until a condition of pyorrhea was disecovered and successfully treated.

Biliary colic cured by the diagnosis and prompt treatment of an abscess in the antrum.

A case of violent headache, said to be caused from eyestrain, neuralgia, biliousness or indigestion which was only cured by the removal of an unerupted canine pressing on a central incisor.

Cases of severe temporal or occipital headache found in

irritable, high-strung, cranky and neurasthenic patients cured by the extraction of an impacted molar.

Septic tonsils caused by bad teeth. Painful feet, arthritis of joints, neuralgia or neuritis of the arm or leg cured by proper attention to the teeth.

The association of kidney diseases with high blood pressure relieved and improved by the dentist.

Typhoid fever, intestinal intoxication, gastritis, rheumatism and endocardial lesions and many others that can be mentioned.

The human anatomy and physiology is so wonderful that I doubt if it is fully understood at the present time. I do not know whether you are acquainted with the theory exploited by Dr. Fitzgerald, who claims that the nerves of the right thumb are related to the nerve of the right upper incisor; the nerves of the right index finger to the second right upper incisor; the nerves of the right middle finger to the right upper canine; the nerves of the right third, or ring, finger to the right upper bicuspid; the nerves of the right little finger to the right upper molars, and the fingers of the left hand correspond the same with the left upper teeth. For the lower right and left teeth he takes the corresponding right and left toes. He claims that by causing anesthesia of the nerves, either in the fingers or toes by pressure, he can treat the corresponding tooth without pain or discomfort to the patient, and vice versa, when there was a diseased condition of a tooth, quite frequently, it was apparent in the corresponding nerve of the extremity.

I understand he has proven his assertions, and that other dentists have corroborated his statements in their practice.

Although many scorn it because they have failed to prove it to their own satisfaction, we do know that the structure, color, and shape of the teeth, together with pus pockets, food spaces, overhanging fillings, poorly fitted crowns, unerupted teeth, uneven teeth, position of the teeth in the arch and loss of masticating surfaces do cause various bodily ailments, so let us suppose that his claim is true, and that all the nerves are in some way mysteriously connected, then, is it not fair to reason that when we have a patient with a diseased tonsil, a facial ailment, some chest disorder, a liver, gall bladder, stomach, intestinal or kidney ailment, to order an examination of the teeth to see the corre-

sponding condition, and, if the tooth ailment appears first, to look after the corresponding organ so that in time it will not become diseased.

My reason for writing upon this subject is because within the last few years I have had forcibly brought to my attention several of these cases which have been overlooked by previous examiners and by myself, until, fortunately for them, they came under the care of a competent dentist, who quickly and successfully corrected the fault, and, secondly, because it might be of interest and a help to you, so that in the future we can all look after our cases with a new point in view, namely, to increase our knowledge of diagnosis and better enable us to differentiate.

3. A New Bone Clamp for Operative Fractures.

We all admit that a simple fracture with perfect reduction gives the ideal result in our treatment of fractures, but when the fracture is either compound, complicated, or when we cannot get proper reduction, and immobilization, then we must resort to the open operation, and, among the different methods now in use, let me mention the following: silver wire, kangaroo tendon, nails, screws, Steinman pin, intramedullary splints, ivory pegs, boiled bone plates, bone grafts, Lane's plates, and the different varieties of bone clamps, and to date none of these give us an ideal method.

While they have not all been successful, they have given satisfactory results in the majority of cases. I want to speak especially of two of these methods, Lane's bone plating and Albee's bone grafting.

In the former we find delayed or non-union due to several factors, namely:

1. Too close approximation and immobilization, inhibiting callus formation.
2. Produces bone absorbition.
3. Produces infection and bone necrosis.
4. Plate often twists or breaks off.
5. Bone will gradually bend, giving bowing of the limb or part.

In the latter, which is superior, we find our poor results due to the following:

1. Failure of the bone grafts to hold in place, whether sutured in or not.

2. Increased exposure of bone and muscle.

3. Effect of the heat by the saw upon the bone and muscle.

4. Poor technique caused by the increased bleeding and spattering of blood upon the operating field.

To-night I should like to demonstrate to you a new bone clamp devised by Dr. Smith, of Watertown, N. Y., which is quite ingenious and worthy of trial, as it seems to me to be just the thing for some fractures that the other methods fail to meet.

Its advantages are thus described:

1. When fitted to the fracture the fragments will not yield, but at the same time will not be too closely approximated and immobilized.

2. Will not cause infection or bone necrosis, as it does away with screws or any foreign body driven into the bone.

3. Will not break or cause bowing of the limb or part.

4. Requires no outside splint or cast, if any, a very light one, so that massage and passive movements can be started at an earlier period.

5. That it can be easily removed at an early date if so desired.

Dr. Smith especially states that this clamp is best adapted to fractures of the femur and humerus. I have tried this clamp in two cases of fracture of the femur, a compound, comminuted fracture and a simple transverse fracture. In both these cases, previous to the open operation, the reduction and immobilization being impossible after several attempts.

While the disadvantages of this clamp may be many, I feel it is too early to point out any special fault until it has had more trials from different surgeons in a greater variety of fractures and with a chance to watch the after effect of such a large foreign body introduced into a closed cavity.

Illustration of clamp and X-Ray pictures.

If a long-standing chronic disease, whether natural or artificial, is present, it will, being the stronger, repel from the organism a new acute natural disease of a different kind, and often also an acute disorder artificially induced.—*Organon of the Rational Art of Healing.*

HOSPITAL NEWS ITEMS.

Among the interesting news items in the hospital world is the appointment of Oliver H. Bartine superintendent of the Flower Hospital, New York City. For the past twelve years he has filled a similar position at the Hospital for the Relief of the Ruptured and Crippled, and we feel that Flower Hospital is to be congratulated upon the change.

The efficiency of Mr. Bartine's work during the twelve years that he held office at the Ruptured and Crippled is well known, and the hospital's excellent standing as well as the effectiveness of its organization, bear testimony to his power and ability as an executive.

It was in 1895 that Mr. Bartine began his hospital career under the late James R. Lathrop and Charles B. Grimshaw at the Roosevelt. In 1902 he was appointed Deputy Superintendent of the New York City Children's Hospitals and Schools. This position he held successfully until 1905, when he was called to the Hospital of the New York Society for the Relief of the Ruptured and Crippled to become its superintendent.

There he made one of the most remarkable records of any superintendent in the country. Hospital efficiency is his constant aim, and it is along the lines of finance that he has made some of his most noteworthy success. Under his direction the endowment fund at the Ruptured and Crippled has been greatly increased, while the per capita operating cost is considerably less than that of any other institution doing a similar work.

It is not alone in hospital management that Mr. Bartine is an authority. Construction with its many perplexing and generally little understood problems has likewise claimed his attention, and in this as well he has achieved an enviable reputation. His many monographs and magazine articles upon the various phases of hospital building and equipment have been generally accepted throughout the country as the last word in the development of the modern hospital where efficiency of service and low cost of operation are the important considerations.

Among his many pamphlets that are being used by hospital authorities and architects are:

The Building of the Hospital.
Artificial Illumination.
Organization and Method.
Construction.
Departments and Rooms.

Among his other activities Mr. Bartine is Vice-Chairman of the New York Committee on After Care of Infantile Paralysis cases. He has devoted much of his valuable time and knowledge to the great work the committee is doing toward the relief of the poor victims of last summer's epidemic.

The Dietitians of New York City have at last organized. For some months they have been meeting informally at some of the larger hospitals. The field and influence of the dietitians is growing, however, and realizing the increasing need of some central organization which will assist in standardizing their work, they have formed this association of dietitians.

The moving spirits back of the enterprise are Miss George, of Mount Sinai Hospital, and Miss Speas, of Flower Hospital. And at the meeting, which will be held on February 12th, the permanent organization will be affected.

The breadth and scope of this association are refreshing. Not only are all things pertaining to diet and diet schedules presented to the members in the most approved fashion, but matters of general hospital interest are discussed.

At the last meeting Mr. Bartine, Superintendent of Flower Hospital, outlined the remarkable work done by the hospital in the care of the victims of infantile paralysis during the recent epidemic. Thanks to the generosity of the Board of Trustees, the hospital early in the scourge threw open its doors to the little sufferers and assured them of every care that science could provide. The resultant low death rate and the remarkable high percentage of complete recoveries among the little patients admitted to the hospital will always stand as a shining testimonial to the unflagging care and unselfish attention given to them by the medical men in charge.

Mr. Bartine gave a brief history of the epidemic and particularly mentioned the work being done by the New York Committee upon the After Care of Infantile Paralysis.

Dr. J. T. Simonson, head of the Chair of Pediatrics at the New York Homœopathic Medical College and Flower Hospital, outlined some rules for infant feeding. As one of the foremost specialists in children's diseases, Dr. Simonson's suggestions carried real weight. This phase of the work is one of the most important that the modern dietition has to face, especially in view of the fact that so many of the newer hospitals are being equipped with large maternity and children's wards.

It is planned to have some one or more important and well known persons address each meeting. Some of the speakers at the earlier meetings have been Miss Jane Delano, the head of the National Red Cross, and Professor Mary Rose, of Teacher's College.

The outcome of this organization is being watched throughout the country not only by medical men and the heads of hospitals, but by the various schools of Domestic Economy and Household Science who are interested in solving the problems that will be presented to this association.

BILL PROVIDING FOR NON-PAYMENT OF SURGEONS WHO REMOVE UNAFFECTED ORGANS.

Pierre, S. D., Jan. 29.—Under terms of a bill which will be presented to the South Dakota Legislature, surgeons who remove an appendix which is not diseased will not be paid for the operation.

To protect citizens of the State against unskillful and unscrupulous practitioners, the bill provides that all vermiform appendices removed must be sent to the State Laboratory for examination. They will then be returned to the original possessors, together with reports on condition. If not diseased the bill relieves the patients of financial liability to the offending practitioner.

The Chironian

The monthly Journal of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital.

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The Editor is responsible only for opinions expressed in editorials.

EDITORIAL

AGAIN we call attention to that valuable weekly publication which every well equipped physician should read, *The Outlook*. This time we direct our readers' attention to an article appearing in the number dated January 17, 1917, entitled "A Case of Medical Intolerance." In this fearless and interesting article the *Outlook* defends its columns against a scathing attack by Dr. Simmons, the editor of *The Journal of the American Medical Association*.

It appears that in a previous issue *The Outlook* was fortunate enough to be one of, if not the first, of prominent American journals to make known an extraordinary and original method of treating terrific tar and gas wounds suffered by soldiers during the present European war. This remarkable and successful treatment was discovered and is employed by Dr. Barthe de Sandfort, surgeon in charge of the Service de l'Ambulance of St. Nicholas Hospital. Issy-les-Moulineaux, near Paris. The hospital is well known and one of the great official military institutions of the French Ministry of War.

Miss Edith May, of Wellesley, Massachusetts, an official appointee of the French Government, as well as an accomplished teacher and traveller, in writing "War Letters of an American Woman," said of Dr. de Sandfort's hospital:

"I saw the most wonderful cures wrought on suffering men that I have ever seen in my life. Indeed, the whole thing is such a miracle that it is hard to write collectively about it. I know you will accuse me in any case of exaggeration until you see the photographs I am sending. *They* don't lie! Unless you see them or the men with your own eyes you think the one who tells you must be drawing upon a vivid imagination. I did until I went myself."

Her story of the work in this hospital was direct and circumstantial, although graphic and eloquent. In order to forestall the possible criticism that she, a member of the laity, was advertising a physician, she did not give Dr. Barthe de Sandfort's name in her letter, saying:

"Because I do not want it thought that I am writing in order to advertise any remedy or scheme or man, I will give you the surgeon's name and address in a postscript. Then any one who really wishes to help can get it from you and write to him direct."

The Outlook thought her story of the cures wrought in this hospital so extraordinary that it took the name of Dr. de Sandfort and his hospital from the postscript and printed it as a footnote to the article. But, notwithstanding, *The Journal of the American Medical Association* printed an editorial in its issue of August 12th jeering at Miss May's account, implying that Dr. Sandfort is a charlatan, accusing Miss May of having *"indiscretely published his name,"* and saying that *"enough miracles are related [in the story by Miss May published in The Outlook] to make fortunes for half a dozen shrines and to justify a car-load of relics." The Journal* concluded its editorial with the following paragraph: *"The greatest miracle is that by the instrumentality of a credulous and uncritical lay writer the esteemed Outlook has been ambushed into spreading a gratuitous advertisement over two of its valuable pages."*

This was a serious criticism coming from so responsible a spokesman of the medical profession as *The Journal of the Amer-*

ican Medical Association. In the meantime numerous readers of Miss May's article had sent contributions to be forwarded for the work of Dr. de Sandfort's hospital. More than three thousand dollars were thus received in individual contributions. *The Outlook* felt bound to send the contributors a letter telling them that Miss May's account had been criticised by *The Journal of the American Medical Association. The Outlook* further informed their contributors that they would immediately investigate the whole question and let them know their final conclusion. They entered into a correspondence with Dr. George H. Simmons, the editor of *The Journal of the American Medical Association,* and wrote to various correspondents in France among others to Miss May herself. It took a long time, owing to war conditions, to get all the information needed, but *The Outlook* convinced itself that Miss May's account was not exaggerated, that her story was not indiscreet, that Dr. de Sandfort is doing a very wonderful work, that he has achieved unheard-of results in the treatment of burns, and that those who have contributed to his aid have done a good deed. *The Outlook* then forwarded contributions to France for Dr. de Sandfort's work.

The Outlook's ground for coming to this conclusion may be briefly stated as follows: Miss Anne Morgan, daughter of the late J. Pierpont Morgan, and Miss Elsie de Wolfe, well known in the field of American dramatic and decorative art, cabled, in the latter part of 1916, as follows:

> Have seen article in *The Journal of the American Medical Association* concerning Ambrine [the application which Dr. de Sandfort uses]. We have personally investigated this wonderful remedy and have followed closely the treatment at Issy-les-Moulineaux. Satisfied as to its permanent value.

Mrs. Edith Wharton, the distinguished American novelist, wrote from Paris to a correspondent of *The Outlook* about Dr. de Sandfort's work. Mrs. Wharton commenced:

> Some weeks ago you wrote to ask me about the hospital of Dr. Barthe de Sandfort at Issy-les-Moulineaux. Dr. Carrel has published an article warmly commending it [the treatment of burns inaugurated by Dr. de Sandfort], and I think his verdict should be accepted as decisive. Therefore there seems no reason for not gving the money you had originally intended to devote to this purpose.

A campaign is being started in America to raise money for Dr. Barthe de Sandfort's hospital, and I do not think it will ever be in need for the object appeals to every one.

The Outlook also received a cablegram from Dr. Baron Henri de Rothschild, of the famous banking family of that name in Paris, commending Dr. de Sandfort and his work, and a complete and lengthy report from a surgeon connected with the United States Steel Corporation.

One of the high officials of that corporation wrote to *The Outlook,* that in order to learn something in the field surgery of the Allied armies which would be helpful in the treatment of injuries occurring through industrial accidents, they chose two of the ablest and most alert of their surgeons and gave them every opportunity to learn everything which might be of benefit.

"I am very much gratified," said this officer of the United States Steel Corporation, "that our representatives were not only able to bring home knowledge which we think will be of great value in the treatment of injured men over here, but that Dr. S. has been able to render substantial service abroad by extending knowleedge of the wonderful work which Dr. Carrel and Dr. de Sandfort are doing."

On December 5 the surgeon referred to in the foregoing letter, Dr. S., had a personal interview in *The Outlook* office with one of its staff and described the method of treatment employed by Dr. de Sandfort. The full name of Dr. S. is not published for two reasons: First, he himself quite properly desires to avoid all controversy in the lay press; and, second, *The Outlook* does not again wish to be accused by Dr. Simmons of "indiscreetly" publishing the name of a physician in a controversy of this kind. But *The Outlook* offers to give the full name and address of Dr. S. to any correspondent who is interested. The following is quoted from a letter by Dr. S.:

"Referring to our conversation of last week relative to the Ambrine treatment for burns as per technique of Dr. Barthe de Sandfort, I beg to advise that I visited St. Nicolas Hospital, Issy, where Dr. Barthe de Sandfort is treating a great many burns by this method. Before visiting the hospital, I naturally was very skeptical as to the results secured by this treatment in that it was entirely contrary to my former theories and ideas of burn treatments. In fact, it is entirely opposite to what we formerly thought to be the proper treatment for burns. I was sufficiently impressed with what I saw on my first visit to return the following week. I also called at the hospital

before my departure from Paris in October, 1916, to check up the cases I had seen previously treated.

"There is absolutely no question but that this treatment is far superior to our former methods; not only are the results secured from a functional standpoint far superior, but the patients recover two or three times more rapidly and without pain.

"I have ordered one hundred and fifty pounds of this preparation and intend to use it in the cases under my care. I am frank to say I would not have believed these results were secured without having had ample opportunity to study and follow the cases throughout their course of treatment. There is a feature, however, to which I object, *i. e.*, the preparation is proprietory one, but this, of course, cannot be a serious objection to its use if we have a reasonable idea as to its chemical content. Many other preparations, such as aspirin, arygrol, '606,' etc., which are indispensable, are proprietary. I doubt very much whether the medical ingredients have any specific value; most likely the same results can be secured by the use of similar preparations made out of paraffin, beeswax, etc. We intend to determine this some time in the near future.

"I hold no brief for Dr. Barthe de Sandfort, but I am absolutely convinced his method of treatment of burns has great merit and, if given a thorough trial, will be accepted by all open-minded surgeons who are competent to pass on this subject. Unfortunately, Dr. Barthe de Sandfort has little or no scientific training in that he is unable, as he frankly states, to understand how or why the burns get well; he stumbled upon this treatment by accident. It is due to this fact that years have passed without the treatment being given a thorough trial. It is quite likely that many extravagant claims will be made for this treatment, which cannot be borne out in acual practice, for conditions other than burns. However, I have had no opportunity of studying this feature and am not in a position to make a definite statement.

"I read Miss May's article in *The Outlook,* and do not consider it was in any way sensational; *in fact, it was the truth.*" * * *

On December 28 the same surgeon wrote a second time as follows:

Just a few lines to advise you that we have received our shipment of "Ambrine" [the application, of which paraffin is the chief ingredient, sprayed by Dr. de Sandfort upon wounds caused by burns], and that the patients are all making startling recoveries.

I am willing to stake my personal reputation and everything I hold dear in this world in so far as this treatment is concerned. Our patients are doing wonderfully. There is absolutely no pain with this treatment, and they are recovering within two or three days. The doctors and nurses who have seen the treatment are amazed.

Dr. S. had some photographs of cases treated and cured by Dr. de Sandfort at the St. Nicolas Hospital at Issy-les-Moulin-

eaux. These photographs are what is popularly known as the "before and after" type. *The Outlook* reproduced, on another page, three of these photographs. They illustrate three stages of the same patient undergoing Dr. de Sandfort's treatment.

The Outlook reported, by letter, this testimony to Dr. Simmons, the editor of *The Journal of the American Medical Association,* asking him if, in view of such indorsement of Miss May's account, which he publicly condemned, he did not desire to make some further inquiries. "You said publicly," they wrote to him, "in the *Journal* of August 12, 'that the esteemed *Outlook* had been ambushed into spreading a gratuitous advertisement over two of its most valuable pages.'" They added that they felt that his sense of justice, after he had communicated with the three or four distinguished surgeons whose names they gave, would lead him to modify his statement. But Dr. Simmons preferred to make no such modification. Under date of December 14, after having had all the foregoing evidence except the letter of December 28, he writes:

It seems to me that *The Journal of the American Medical Association* was more than justified in expressing the belief that The Outlook had been "ambushed into spreading a gratuitous advertisement [of a secret nostrum and its exploiter] over two of its most valuable pages."

Thus Dr. Simmons still persisted in regarding *The Outlook* as indiscreet and lacking in common intelligence, in maintaining that Miss May is "credulous and uncritical" in considering that Dr. de Sandfort, in his paraffin treatment of burns, employs a "nostrum," and in looking upon Dr. de Sandfort himself as an "exploiter."

The Outlook then, without further parley, places before its readers the further attested facts, heroically defends its correspondent, Miss May, rightly gives fitting recognition to Dr. de Sandfort, and sounds a word of warning against the danger of ecclesiasticism in medicine—all of which we are privileged to unstintedly praise.

Sometimes when conduct and motives are taken into the laboratory for dissection and classification by a printed publication, it is wise to recall the imperative command of Oliver Cromwell: "I beseech you by the mercies of the Lord to believe in the

possibility of your being mistaken." *The Journal of the American Medical Association* neglected to practice, even after a gentle reminder, the principle of this rather ancient injunction. The medical profession owes a debt of gratitude to *The Outlook* for its uncompromising stand taken in this matter. It would be a false loyalty to even *The Journal of the American Medical Association* to have overlooked so flagrant a fault. Silence upon such an occasion would have confirmed this well known medical journal in what, undoubtedly, has been proven an error in criticism. In another case this criticism might have been deserving and right. Great men are often guilty of dismal lapses of judgment; and to remain neutral in the presence of such a sweeping denunciation would not have added dignity to a paper of such status as *The Outlook*. To have pointed out wherein someone is wrong and to heartily disagree with his worse self is to render as great a service as one human being can render another. The *Outlook* may have set *The Journal of the American Medical Association* to thinking, and by so doing transmuted into deed a doctrine of Emerson referred to by himeslf. As "the virtue of imparting truth and health in rough electric shocks."

Dr. de Sandfort's work has now received such official indorsement by French surgeons and the French Government, as well as by several of the other Allied Governments, that he no longer needs contributions of paraffin from this country, as he did last August. But *The Outlook* offers to forward to Miss May any contributions intrusted to their care for the aid and comfort of French wounded soldiers, either in St. Nicolas Hospital or any other French hospital which Miss May is visiting in her official capacity.

To every disease the organism reacts in a special and individual way. Since its nature is bound fast to unchanging laws of unity, it cannot react to a new disease or receive it unless indeed it ceases to react to the first disease. If the later disease is unable to remove the earlier and is forced upon the organism too long, then both combine to make a single third disease, which is called a complicated disease. These propositions are based on the following facts.—*Organon of the Rational Art of Healing.*

The Eye and Focal Disease.*

BY

CALVIN E. WILLIAMS, CLASS OF 1912.

Assistant Surgeon, N. Y. Ophthalmic Hospital.

THE term "Focal Disease" was long used to designate a localized affection of the brain, but in these days we are applying that term to circumscribed areas of disease from which toxins, bacteria, infected particles or otherwise travel to other parts of the body and cause pathological conditions. It is believed that the blood stream is the medium by which the effects, more or less distant from the causative lesion, are brought about. However, the last word has not yet been said regarding the mode and extent of transportation, so that we cannot yet speak definitely except as we see a removal of the secondary lesion, in many instances with surprising rapidity after the primary lesion has been cleared away. To repeat, we cannot always explain how the so-called "cure" is affected by the removal of a primary focus, but we feel safe in claiming credit when we see the former follow the latter.

Again, we are not able in every instance to confirm by bacteriological examination or otherwise, that the same offending organism is at work in both primary and secondary lesions for two reasons. First, we cannot in every instance find a micro-organism in the primary lesion; second, we cannot find any micro-organism in the secondary lesion because it is inaccessible. So we are forced to conclude that an effect is the result of a cause after the former disappears following the removal of the latter.

In Albumenuric Retinitis we cannot find the poisons or bacteria from the kidney nor similar substance during the life of the patient in the eye, but we have all seen the ocular condition clear up after the kidney lesions have been removed in whole or larger part. So when we say that an ocular disease is due to

*Read before the Homeopathic Medical Society of the County of New York, Dec. 14, 1916.

this or that condition removed from the eye, itself, we make some assumption in the majority of instances. Yet, as the oculist recognizes the importance of focal disease in its relation to ocular disease, more definite statement as to probable recurrence of the eye condition can be made. Conditions which the oculists, ignorant of the cause, have removed in many cases during the past, we are rapidly learning, are simply secondary, and as we increase our knowledge of the causative lesions, we shall be able to state far more definitely our opinion regarding their recurrence.

Another pleasing outcome of focal disease and its relation to disease of the eye will be closer co-operation between oculist and general practitioner. In many instances this happy relation is lacking, and so the patient is liable to suffer The general practitioner has usually known the patient for a long time, is acquainted with his physical condition, generally; and, what is more important, knows how the patient responds to drug action. His advice may be valuable to the oculist and certainly his report upon the patient's physical condition would be helpful. Some day possibly there will be an interchange of reports regarding the findings of both general practitioner and oculist which will be resultant in more accurate knowledge for the profession and speedier and more lasting results for the patients. That we may profit possibly; case histories have been selected for our consideration this evening, of conditions which have come under observation during the last few months. The case reports are condensed. I shall speak of three causative factors and divide the cases according to:

1. Diseased Conditions of the Mouth and Teeth.
2. Diseased Conditions of the Nose and Sinuses.
3. Diseased Conditions of the Urethra.

Case 1.—Miss A. H., *Nov. 21, 1914*, æt. 71. General health apparently good, active in mind and body, nervous because of progressive loss of sight in the left eye which, with glass, was less than half of normal (15/40); sight in right eye with glass was normal (15/12). Patient wished cataract operation.

Nov. 23rd. Preliminary iridectomy made on left eye. Healing very rapid, no redness to speak of following. Pupil remained dilated one week without use of Atropine except just before the operation.

Dec. 3rd. The lens or cataract was extracted without complication through incision wholly in the cornea.

Three days later dressing was removed and eye upon examination showed practically no redness, wound perfectly closed, anterior chamber reformed, pupil widely dilated.

Five days later slight redness of eye noticed and pupil slightly less dilated. On the sixth day there was a consultation. There was no haziness along the line of incision, no haziness of cornea and no discharge. Consultant said it was not an infected eye. The next day, the seventh after operation, there was slight haziness and infiltration along the line of incision, and bacteriological examination showed the presence of Staphylococcus Aureus.

On the tenth day, a white cylindrical body extended from the lens capsule to and between the lips of the incision. On the eleventh day after consultation an incision was made over the cylinder. There was no flow of pus, nor did the cylinder protrude. All this time there was very little redness of the eye, and the lower half of the cornea was perfecly clear.

For about twenty-five days after operation, the eye seemed to gradually grow worse, and this time the whole upper half of the cornea looked as though a general slough and accompanying panophthalmitis was inevitable. At this last visit of the consultant he told the family that the eye was gone and in hospital work would ordinarily be removed.

You can imagine the feelings of the operator during the two or three weeks following the operation, and there was much discussion of technic, to discover whether there could have been any carelessness as a cause. A foul odor from the patient's mouth attracted attention, and when a drop of pus rolled down along the tooth following pressure on the gum a culture from the gums and teeth was immediately ordered. Dr. G. P. Olcott reported on Dec. 26, twenty-three days after operation, that cultures of material taken from the eye showed on Agar Plate two colonies of Staphylococcus Aureus, Streptococcus and Micrococcus Catarrhalis. The dental surgeon reported alveolar abscesses and, as he put it, "enough pus there to kill a horse." The teeth from the upper jaw were extracted.

Active treatment of the eye was continued for about a month longer by which time all the inflammation had subsided and the

eye healed. There was a large dense opacity covering the upper half of the cornea; the pupil was occluded and there was a very thin superficial haziness of the lower half of the cornea and a very shallow anterior chamber. The patient could recognize a strong light directed into the eye.

In April, 1915, an artificial pupil was made in the operated eye and with a glass the patient was given vision a little less than half of normal (15/40), or what she had when she first presented herself. The satisfaction derived from this case is that the consultant advised removal of the eye, to which Dr. Norton did not agree, and the results bear out the judgment used.

Case 2.—J. W. M., male, æt. 41, presented himself June 24, 1916. Vision, O. D. 15/10; O. S. 15/15.

Two days before had a severe headache and, in the evening as the headache disappeared, the right eye (the better eye) became red. It is now painful, sensitive to touch, moderately red, cornea clear, pupil motile but action sluggish, impossible to see into the eye and view the fundus. All history of previous illness negative. For two weeks this eye was treated by the usual methods for Uveitis. On July 6th the patient complained of violent pain in and about eye and running back to right ear and down into the lower jaw and teeth. Two incisors and the lower right canine teeth were found diseased, and one hour after these teeth were extractd all pain in the eye stopped. Three weeks later the eye was normal in sight and appearance but showed a few vitreous opacities.

Case 3.—W. B. D., æt. 45, presented himself February 10, 1915. Has had a severe tonsillitis for several days, which has suddenly subsided, but eyes have become very red, watery, lids swollen and much muco-purulent discharge. This came on suddenly yesterday. This patient was given treatment for an acute catarrhal conjunctivitis, and some improvement was noticed but the case dragged. Finally, an abscess of the upper left first molar was discovered, and after this condition was removed there was a rapid return of the eyes to normal.

The next three cases show how diseased conditions in the nose and accessory sinuses may affect the eye.

Case 4.—Dr. S. J. M., æt. 25, presented himself June 24, 1915. Four days ago while attending a confinement case some

meconicum and blood spattered into left eye. Argyrol 25 per cent. was instilled. Eye has become painful, with aching deep in the orbit and over the brow. Vision in the right eye is normal (15/12), in the left less than one-third of normal (15/50). The cornea of the left eye is hazy, the pupil dilated and there is considerable superficial injection or redness. What was my surprise upon taking the tension of the eyes, a matter of routine in examination, to find the left eye quite hard. The Schiotz tonometer showed tension in the right eye 18.5 m., in the left 55 m. Pilocarpine was ordered, and as Gelsemium seemed indicated that was prescribed.

The next day the tension in the left eye was 20 mm., but the vision was less than one-fourth of normal (15/70).

An examination of the nose showed great turgescence of the tissues, and the Argyrol tampons were placed and left for twenty minutes. The doctor remarked upon his seeing better after they were removed, and the test showed his vision in the left eye to have improved from less than one-fourth normal (20/70) to a little less than half the normal.

The next day the tension in the left eye was only 15 mm., but the vision was only one-tenth of normal. The tampons were placed, and about three hours after leaving the office the doctor was seized with a violent attack of nausea, vomiting, dizziness and great weakness. He was ordered to bed and Nux vom. prescribed.

Two days later the vision was normal in both eyes, and the tension was O. D. 18 mm., O. S. 16 mm. The doctor remembered in response to questions that he had suffered from a severe head cold two weeks before his eye attack.

Case 5.—June 23, 1916, Miss D. Z., æt. 21, vis. in each eye with glass 15/10.

For the last three or four weeks there has been something like a veil or a fly floating before the left eye. Can see it whenever she looks for it, and always troubles her on reading. No headaches or eyeaches. Been below normal health since an attack of grippe in April. Severe cold in the head two weeks ago, since which the "veil" has been more noticeable.

Ophthalmoscopic examination shows a greenish area of exudate about four papillæ size down and to the inner side of the

nerve head; retinal vessels tortuous and much swelling about the disc (a mild choked disc). There was seen a black stringy mass in the vitreous extending to and attached to the posterior surface of the lens.

Nasal examination revealed a small amount of trugescence in the nasal tissues and mostly confined to the middle turbinates. The Argyrol tampons were placed in the nose followed by marked reaction, viz., much sneezing and copious mucoid discharge. ℞. Phosphorus, Argyrol in nose.

July 3rd. Examination shows the retinal vessels normal, swelling about the nerve head gone; area of exudation much reduced in size and thin enough to allow the discovery of two pigment spots in the choroid beneath the exudate. This would indicate a previous inflammation on this site. The patient still sees the black veil.

Sept. 18th. Vision in each eye with glass 15/10. There is some pigment and small atrophic areas to inner and lower side of disc, otherwise normal. Still possible to find the floating opacities but much less distinct. Reaction to tampons practically absent. Patient discharged.

Case 6.—Miss V. B. B., æt. 19, nurse, presented herself Sept. 1, 1916. Vision in each eye (15/10) normal without glasses. She showed a slight amount of hyperopic (far sighted) astigmia more in the left than the right eye and a trifling muscular imbalance (exophoria in accommodation 4°, R. H. ½). One week ago, the left eye became red. No pain nor inconvenience; no headaches nor eyeaches. Has presented herself because she wishes to be rid of a red eye. The eye showed a moderate amount of redness only to the inner side of the cornea of the left eye. Diagnosis was episcleritis. In looking for a possible cause after questions had given no aid a nose examination was made. The nasal septum was markedly deflected to the left side, the middle turbinal body and septum in left nasal fossa were in contact; respiration was decidedly lower through left side nor could cotton on a carrier be passed up to superior meatus. The tissues were shrunk with cocaine and the Argyrol tampons were placed up high. There was marked reaction, viz., sneezing and discharge and the redness of the eye much increased. Upon her next visit the patient said the eye cleared up about half an hour after she

left the office and remained clear until that evening when the redness returned. Treatment was carried on for three weeks, then the septum was resected. The patient called ten days after the operation and said her eye cleared the second day after the resection and had been clear ever since. Those of you who have had some mild chronic cases of episcleritis to treat would enjoy finding a deflected septum for removal in every instance, I imagine.

Case 7.—Feb. 23, 1915, Mr. J. J. F., æt. 28. Two or three weeks ago the left eye felt as though there were something in it and eye became red and watery. For the last three days there has been much pain over the brow and behind the left eye and the eyeball is very sensitive to pressure.

Examination showed the pupil inactive and rigid, contracted, the cornea was hazy and there was a deep bluish red injection of the eyeball. The instillation of Atropine showed no effect upon the pupil after half hour. This man worked out of doors and had always been well until about five weeks ago when he had an attack of rheumatism in his feet, ankles and knees. The condition was so much improved that he was up and about the house. After much questioning a history of gonorrhea was admitted. The disease had been contracted some two months previous to the attack of arthritis.

After four days' use of Atropine crystals and two per cent. solution the pupil was torn loose and fully dilated, but not for three weeks was the redness cleared from the eye. There have been two later attacks of one month and one year after. We might also note here that this man's wife was operated upon in May following the February attack for suppurative salpingitis. The diagnosis of this man's eye condition was not "rheumatic iritis" but gonorrheal iritis.

In the first three cases we can safely assume that the diseased conditions in the mouth and teeth were the causes of the respective eye diseases. Such cases could be helped along the line of preventive medicine by suggestions or instructions from the family physician for regular visits to the dentist. Personally, I shall never operate a patient for cataract until an absence of diseased teeth and nose is established.

In the cases of the young doctor who had glaucoma and the young woman with the chorio-retinitis, it would seem that a cold

in the head is not a trifling matter. Careful questioning will show that a surprising number of ocular diseases can be laid to trouble in the accessory nasal sinuses. Patient after patient will speak of an attack of grippe and the disagreeable head sensations following, and many such an one has gone from oculist to oculist receiving a change of glass or other treatment when the clearing up of the results of some nasal infection would have relieved both the head and eye conditions as well as varying degrees of anemia.

The young doctor happened into the office when there were several ahead of him, and was captured and taken into the examining room just as he had decided to let it go "for a day or so." He proudly announced that he was using Boracic Acid Water and Argyrol for what he thought was an infection. The young woman had been told by her physician that there was nothing wrong with her eye, and not to bother about it. I felt a bit diffident after receiving that information from her to suggest treatment for several weeks.

The deeply rooted idea of a "rheumatic diathesis" and its cause for multitude of fleshly ills is hard to stamp out. The young woman with the episcleritis could have been dosed with "Anti-rheumatics" and been told that she would get well after the rheumatism was cleaned out. Probably she would have been relieved after a long enough time had elapsed and she'd have been more content to wait if she had suffered from stiff neck or shoulder muscles as often comes from pressure of the turbinals on the septum.

The young man with the gonorrheal iritis was probably satisfied that his rheumatism had settled in his eye. But he felt that something ought to be had to stop the pain from his rheumatism. He also announced that he bathed the eye real often with Boric Acid water.

Let me take this opportunity to denounce to you the use of Boracic Acid Solution except as a cleansing agent for eye diseases The physician who founds confidence for his patient in the efficacy of Boracic Acid Solution is distributing instruction fraught with danger. We must remember that the structure of the eye is so delicate that inflammation of few hours' duration may cause irreparable damage. It would seem wise to use sterile

water rather than a solution of Boracic Acid for then the patient's own common sense would tell him that it was only to keep the eye clean and not for the mysterious healing power which Boracic Acid offers to the lay mind.

Again, the general practitioner could do his patient real benefit by sending with the patient a report of his knowledge and findings as to recent illness (including head colds), the antecedents of the eye disease, and especially the findings from urinalysis. Valuable time is often lost in excluding or differentiating urinary and specific conditions as causes of eye troubles.

We mention, for lack of time, only a few of the possible sources of the cause of eye disease. But it would seem in the light of the findings and increased knowledge of the day that the need of co-operation between the family doctor and the oculist is apparent, and that the time is close when a patient will proceed from the general practitioner to the oculist with a careful history of previous illness and a report of present physical conditions.

Do not allow a diseased eye to run "its course," but diagnose the condition and make an honest effort to learn the cause. Remember the delicate structure of the ocular tissues and that eyes have been lost in a few hours. Let the oculist and general practitioners co-operate and so increase our knowledge of focal disease and its relation to the eye, and so give to our patients the best and skilled aid.

In conclusion, I wish to express my thanks to Dr. A. B. Norton for his courtesy in permitting me to use notes from his records for reporting some of these case histories.

30 East 55th St., New York.

Now as experience shows incontestably in regard to every remedy and every disease, that all remedies without exception cure swiftly, thoroughly and enduringly, the illnesses whose symptoms are of like order with their own, we are justified in asserting that *the healing power of medicines depends on the resemblance of their symptoms to the symptoms of disease:* or in other words, *every medicine which, among the symptoms which it can cause in a healthy body, reproduces most of those present in a given disease, is capable of curing that disease in the swiftest, most thorough, and most enduring fashion.—Organon of the Rational Art of Healing.*

Alumni Notes.

'15. E. G. McCollum wishes to announce his address as 59 East 65th Street, New York City.

'14. J. H. Keeling's correct address is 140 Washington Avenue, Albany, N. Y.

'15. L. M. Powell has removed to 308 East 72d Street, New York City.

'94. E. S. Munson announces that he has resumed practice at his office, 8 West 49th Street, New York City.

At the recent convocation of the American College of Surgeons, at the Bellevue-Stratford, Philadelphia, the following Alumni received their degree of F. A. C. S.: A. H. Bingham, '00; G. P. Holden, '94; G. W. Lutton, '06; F. R. Meeks, '07; F. C. Bunn, '89, and W. E. Doremus, '01.

Our Alumni were well represented at the annual meeting of the Interstate Federation of Homeopathic Medical Societies of New York and Pennsylvania, where the following read papers: C. S. Winters, '90, "Isomerie System of Drug Prescribing:" G. T. Moseley, '85, "Fractures;" G. F. Laidlaw, '00, "Remarks on Diabetes Mellitus;" Sprague Carleton, '06, "Impotency;" T. D. Buchanan, '97, "Don'ts in Anesthesia," and J. T. Simonson, '91, "The Effects in Adult Life of Constitutional Diseases in Childhood."

At the fiftieth semi-annual meeting of the Homeopathic Medical Society of the State of New York, held at the Hotel Ten Eyck, Albany, on December 16th, the session being absolutely devoted to business, the following Alumni were nominated for officers: F. M. Dearborn, '00, for First Vice-President; Sprague Carleton, '06, for Third Vice-President; Reeve Turner, '99, for Secretary; S. S. Piper, '06, for Treasurer; J. L. Moffat, '77, for Necrologist; Censors, S. B. Moore, '01; Lyman Driesbach, '08; Brayton E. Kinne, '01, and R. B. Howland, '95.

'15. H. H. Johnson announces his removal from Brooklyn, N. Y., to 56 Liberty Place, Weehawken, N. J.

'06. G. W. Lutton has been presented with a daughter, Doris Elizabeth, November 8, 1916. Congratulations.

'97. T. D. Buchanan has been placed at the head of the Department of Anesthesia, New York Post-Graduate Hospital.

'13. P. R. Anderson has moved to 18 Pearl Street, Waterbury, Conn.

'67. J. T. Greenleaf's correct address is Box 663, Endicott, N. Y.

'78. L. F. Wood is now residing at Circleville, Ohio.

'16. E. H. Eaton announces that he is located at 837 Madison Avenue, New York, N. Y., where he is associated with Dr. Walter G. Crump.

'14. A. G. Hillard is located at 240 George Street, New Brunswick, N. J.

'16. Labe Cohen has been granted his degree, having fulfilled the necessary requirements.

'16. Nicholas Sabbagh, having fulfilled the requirements, has recently received his degree.

'16. F. W. Splint, having fulfilled certain requirements, has been granted his degree, and is serving upon the ambulance at the Flower Hospital, as well as taking a post-graduate course at the Long Island Medical College.

'16. Louis Werner has recently been granted his degree. His home address is 118 Pulaski St., Brooklyn, N. Y.

'16. A. A. Geresola is serving as interne in St. Joseph's Hospital, Yonkers, N. Y.

'95. E. P. Roberts, of 242 West 53d Street, has been appointed, by Mayor Mitchel, a member of the Board of Education.

If, further, it should be shown (and, indeed, this also is shown) that the very medicine which has given rise in a healthy body to all the symptoms shown by the illness which it is desired to cure, can remove by its medical use the whole complex of disease-symptoms (that is, the whole existing disease), and change the condition to one of health, then it cannot be doubted that the law has been discovered whereby this medicine has brought recovery to this disease, namely, the law: "Similar symptoms in the remedy remove similar symptoms in the disease."—*Organon of the Rational Art of Healing.*

Alumni Directory

1. REMOVED FROM THE LIST BY DEATH.

'75 Anderson, H. J.
'88 Baker, Allen E.
'63 Baker, W. S.
'72 Blakeley, W. H.
'78 Botsford, L. T.
'83 Briggs, E. Elsworth.
'79 Bromwell, William G.
'71 Bryant, William C.
'77 Buell, Jesse W.
'84 Bulmer, George W.
'84 Campbell, Charles E.
'70 Carroll, Stephen H.
'61 Caulton, F. G.
'04 Clapp, George.
'61 Coleman, Henry J.
'83 Couch, F. M.
'91 Diehl, William, Jr.
'65 Emmett, James O.
'61 Fletcher, A. C.
'81 Foster, Horatio L.
'66 Graham, William G.
'66 Graves, S. Patten.
'66 Gregg, Henderson.
'84 Hartwell, Harold W.
'66 Hill, Ambrose A.
'75 Hill, Frank Knight.
'70 Hitchcock, G. G.
'82 Jones, Charles E.
'80 King, Emmet C.
'63 King, Robert.
'84 Knapp, James C.
'91 Knickerbocker, Hubert Det.
'82 Kolb, Henry.
'82 Lambert, Emerson B.
'63 Lauer, Charles F.
'72 Maine, Frank D.
'80 Maxson, Henry R.
'81 Mayer, Chester A.
'79 Morgan, George S.
'61 Mossman, Nathan A.
'67 Nelson, Thomas C.
'85 Pearsall, William S.
'80 Pellette, Arthur H.
'63 Rice, William B.
'75 Rowell, Charles E.
'77 Smith, Frederick W.
'80 Smith, Roswell D.
'92 Smith, Sidney E.
'70 Spencer, H. J.
'66 Swan, George E.
'61 Thompson, Arthur H.
'83 Thurber, Thomas J.
'75 Tinker, Horace H.
'61 Travers, Newton H.
'79 Vreeland, F. D.
'68 Whitaker, Elroy B.
'83 Wilkins, George H.

2. CHANGE OF ADDRESS.

'13 Anderson, Peyton F. ..... 18 Pearl St., Waterbury, Conn.
'15 Ariola, Gabriele ..... Genoa, Italy.
'93 Baker, Cyrus R. ..... Kingston, N. Y.
'14 Boyd, John B. ..... Main St., Farmingdale, N. J.
'10 Bramley, James R. ..... Loveland, Colo.
'05 Collins, William M. ..... Titusville, Pa.
'75 Cranch, Edward ..... Box 603, Erie, Pa.
'15 Cudlipp, Ralph L. ..... 2363 Valentine Ave., New York, N. Y.
'93 Davis, William B. ..... 19 Lincoln Ave., Cortland, N. Y.
'16 Eaton, Earl H. ..... 837 Madison Avenue New York, N. Y.
'15 Ferguson, Francis C. ..... 610 16th St., Brooklyn, N. Y.
'68 Finch, Edwin W. ..... New Rochelle, N. Y.
'15 Flyer, Irving ..... 5401 14th Ave., Brooklyn, N. Y.

'16 Gardam, Joseph W. .....43 Pine Grove Terrace, Newark, N. J.
'78 Gould, H. D. .....Goffstown, N. H.
'67 Greenleaf, John T. .....Box 663, Endicott, N. Y.
'07 Harrington, W. Leslie .....3 Birchwood Ave., East Orange, N. J.
'14 Hilliard, Arthur G. .....240 George St., New Brunswick, N. J.
'15 Robin, Hood .....772 Park Avenue, New York, N. Y.
'15 Johnston, Hans H. .....56 Liberty Pl., Weehawken, N. J.
'10 Kane, Julius .....9 Smith St., Jamaica, N. Y.
'14 Keeling, J. H. .....140 Washington Ave., Albany, N. Y.
'88 Kline, A. K. .....Bordentown, N. J.
'15 Lippard, Alvin T. .....Metropolitan Hospital, New York, N. Y.
'15 McCollum, Earl G. .....59 East 65th St., New York, N. Y.
'15 Mitchell, Howard D. .....500 Reynolds Bldg., Fort Worth, Tex.
'15 Powell, Leo M. .....308 East 72d St., New York, N. Y.
'16 Raisbeck, Milton H. .....616 Madison Ave., New York, N. Y.
'14 Richman, Alfred .....907 St. Mark's Ave., Brooklyn, N. Y.
'93 Sackett, Henry R. .....6 Montgomery Ave., Holyoke, Mass.
'80 Shelton, Charles H. .....California.
'81 Sinsabaugh, J. A. .....144 East 37th St., New York, N. Y.
'09 Tator, Arthur E. .....Summit, N. J.
'15 Voorhees, Wm. de Forrest .....775 Washington Ave., Brooklyn, N. Y.
'78 Wood, Louis F. .....Circleville, Ohio.
'87 Woodruff, Franklin C. .....Rahway, N. J.
'10 Wright, Frank M. .....130 Clermont Ave., New York, N. Y.
'06 Young, F. Glynn .....38 Ft. Washington Ave., New York, N. Y.

HONORARY MEMBER.

O'Connor, J. T. .....Bayard Lane, Princeton, N. J.

ASSOCIATE MEMBERS.

Dillingham, Thomas M. .....Westover Farms, Marlboro, N. H.
Trotter, James P. .....41 Park Ave., Yonkers, N. Y.
Wilcox, DeWitt G. .....496 Commonwealth Ave., Boston, Mass.

3. ADDRESSES WANTING OR DOUBTFUL.

'15 Backus, Frederick W.
'78 Blakelock, G. Clinton.
'16 Cohen, Labe.
'82 Downer, Abner G.
'16 Furlong, Richard R. T.
'16 Gersen, Alexander.
'15 Hertel, Alphons J.
'04 Jacquelin, Sidney S.
'99 Ricardo, J. Nelson.
'16 Sabbagh, Nicholas.
'80 Shelton, Charles H.
'08 Sheridan, Philip J.
'94 Sherman, Irving P.
'97 Smith, Arthur B.
'13 Turken, Samuel I.
'96 Zeckhausen, Harry.

4. ADDITIONS TO THE LIST.

'16 Cohen, Labe.
'16 Sabbagh, Nicholas.
'16 Splint, F. W. .....Flower Hospital, New York, N. Y.
'16 Werner, Louis .....118 Pulaski St., Brooklyn, N. Y.

Obituary

STOCKBRIDGE P. GRAVES, CLASS OF 1866.

Dr. Stockbridge P. Graves, Saco, Me., for many years one of the veteran medical men of that State, died at his home on October 12, 1916, at ninety years of age. He was an ardent advocate of homeopathic therapeutics and one of the pioneers to carry this principle into conservative New England. A member of the American Institute since 1869.

FRANK KNIGHT HILL, CLASS OF 1875.

Dr. Frank L. Hill died at his home in Rockford, Ill., from heart disease, October 8, 1916. He was sixty-five years of age. The year of his graduation he began practicing in Rockford, and was an active medical society worker until incapacitated by ill health in 1915.

NATHAN A. MOSSMAN, CLASS OF 1861.

Dr. Nathan A. Mossman died at his New York home, the Hotel Marie Antoinette, on January 15, 1917, in his seventy-ninth year, after a life full of usefulness and activity. He was descended from old English stock and practiced medicine for a number of years in New York City. Even after his retirement he never ceased his interest in the New York Homœopathic County Society, the State Homeopathic Society and the American Institute of Homeopathy. In fact, for a physician who had entirely left the practice of medicine, his interest in medical things was very pronounced. For many years he served as a trustee of the Hahnemann Hospital, and his keen interest in his Alma Mater, the New York Homeopathic Medical College, from which he graduated in 1861, is best evidenced by the fact that he was instrumental in getting for that institution the Milne legacy, which amounted to over $100,000. Dr. Mossman had a congenial and sympathetic personality, and is remembered by many of his associates by his ever-present cordial greeting. His funeral services were held at "The Funeral Church," Campbell Bldg., and were largely attended by his medical confreres, as well as a delegation of the Sons of the American Revolution.

EMERSON B. LAMBERT, CLASS OF 1882.

Dr. Emerson B. Lambert died at his home in Port Jervis, N. Y., on December 8, 1916, at the age of sixty-four years.

ELROY B. WHITAKER, CLASS OF 1868.

Dr. Elroy B. Whitaker, seventy-one years of age, died at his home in Barre, Vt., December 7, 1916.

STANDARD PRACTICE REGULATIONS REGARDING STUDENTS' STANDING.

It will be interesting to Alumni readers to note the following list of "Standard practice regulations regarding students' standing," which is now in effect in your Alma Mater:

1. The schedule in the annual catalogue shall indicate whether a course be a Major or Minor.

2. A student's standing in a subject shall be based on an average of class-room and examination work, with 75 per cent. or over as a passing mark.

3. A student must attain to 80 per cent. in attendance on a subject to be eligible for examination.

4. At the end of the first semester final examinations shall be held in only those subjects completed at that time. Final examinations in subjects continuing through the year shall be held at the end of the second semester. Mid-year grades, based on class-room work and quizzes, shall, however, be handed to the Registrar at the end of the first semester.

5. Manifest subdivisions of a large subject shall be grouped under the proper heading. All examinations for such subjects shall contain questions from each subdivision. This applies also where two or more professors may lecture on the same subject. Groupings shall be made by the Committee on Credentials.

6. A student receiving not more than two conditions, one Major of 100 hours and one Minor of 50 hours, will be allowed to participate in the make-up examinations preceding the opening of college in the fall. Schedules of such examinations to be printed in the annual catalogue.

7. A student failing to pass all these make-up examinations must repeat the entire year. A failure in only one may be carried as a condition until the next final examination, when it must be passed off or the entire year repeated.

8. Students whose marks are below 65 per cent. in a subject shall do special work assigned by the Registrar before taking the make-up examination.

9. A student receiving more than two conditions, one Major of 100 hours and one Minor of 50 hours, will not be permitted to take the make-up examinations and must repeat the entire year.

10. A student of the Senior class receiving not more than two conditions, one Major of 100 hours and one Minor of 50 hours, shall be given an opportunity to appear before the Credential and Advancement Committee of the Faculty, who may give him a general examination covering the entire course. Failing in this examination the student shall repeat the entire year.

11. A student entering this college from another medical institution may be examined by the Committee on Credentials in the subjects for which he expects to receive credit.

12. These rules will supersede all now in force, and become effective immediately following the make-up examinations in the fall of 1916. Any cases to which these rules may not apply will be referred to the Committee on Credentials and Advancement for consideration.

Certain diseases are caused by a special agent of contagion (an individual miasm of a sufficiently definite kind), for instance, the plague of the Levant, small-pox, measles, true smooth scarlet fever, venereal disease, the itch of woolmakers, as well as rabies, whooping-cough, plica polonica, etc. These diseases seem to be so definitely distinguished in their course and character that, whenever they appear, they can be recognized by their persistent signs as old acquaintances. Therefore it is possible to give each of them a definite name and to attempt to establish for each of them a regular and staple method of treatment.—*Organon of the Rational Art of Healing.*

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Office Hours, until 9 A. M., 12 M to 2 P. M., 6 to 8 P. M.
Sundays, 1 to 2 P. M.
'Phone, 1479 Newtown.